

MEDICAL RECORD -- SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-400; the proponent agency is the Office of the Surgeon General.

REPORT TITLE	ORTHOPEDIC AND PHYSICAL THERAPY SPORTS CLINIC - ANKLE EVALUATION	OTSG APPROVED (Date)
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PART I - SUBJECTIVE				
1. Age	2. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	3. Occupation	4. Date of injury	5. Chief complaint
6. Method of injury <input type="checkbox"/> Unsure <input type="checkbox"/> Twisting: (<input type="checkbox"/> Inversion <input type="checkbox"/> Eversion) <input type="checkbox"/> Overuse <input type="checkbox"/> Other:				7. Is the injury recurrent? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Comments:		9. Past treatment history:		
10. Pain increases with:		10. Pain decreases with:		12. Pain: ___/10 at rest; ___/10 w/activity
13. Meds:				14. X-rays:
15. Special questions: Pop with injury + - Immediate swelling + -				
16. Past medical history				17. Patient's goal

PART II - OBJECTIVE				
18. Barriers to learning <input type="checkbox"/> None				19. Extremity involved
20. Observation:				
a. Swelling <input type="checkbox"/> I+ <input type="checkbox"/> II+ <input type="checkbox"/> III+ <input type="checkbox"/> WNL		b. Gait <input type="checkbox"/> Normal <input type="checkbox"/> Antalgic <input type="checkbox"/> Asst device		c. Brace <input type="checkbox"/> No <input type="checkbox"/> Yes:
d. Figure 8: R _____ L _____ DF: _____ PF: _____ INV: _____ EVER: _____		e. Ecchymosis: + - Location:		f. Neurovascular <input type="checkbox"/> Intact <input type="checkbox"/> Abnormal
SPECIAL TESTS:				
AROM: _____		Ant Drawer + - N/A Talar Tilt + - N/A		
PROM: _____		Tib-Fib Comp + - N/A ER test + - N/A		
MMT: _____		Thompson's + - N/A MT Load + - N/A		
21. Palpation:			22. Cleared knee:	
23. Functional:				
a. Single leg stand - eyes open: R _____ L _____			b. Single leg stand - eyes closed: R _____ L _____	
24. Other				

PART III - ASSESSMENT	
25. Comments	26. Rehabilitation potential

PART IV - PLAN	
27. The patient or significant other was instructed in basic ankle exercises and RICE concept, and has demonstrated or verbalized understanding of the exercise program, precautions and use of ice. Will comply with treatment plan. _____ (Initials)	
28. Treatment goals, options, risks and benefits were discussed with the patient or significant other. The patient or significant other concurs with the treatment plan and goals. _____ (Initials)	
29. Discharge criteria: meeting established goals, maximum benefit achieved, and/or as per protocol. _____ (Initials)	
30. In-clinic treatment: (Select all that apply.) <input type="checkbox"/> N/A <input type="checkbox"/> See MEDDAC Form 696, Physical Therapy Treatment Note <input type="checkbox"/> Daily <input type="checkbox"/> Three times per week <input type="checkbox"/> Two times per week	
31. Follow up on:	32. Profile:

PART V - GOALS	
33. Short-term goal. Patient demonstrated exercises properly and can verbalize precautions. <input type="checkbox"/> Achieved <input type="checkbox"/> Not achieved	
34. Long-term goal	

(Continue on reverse)

PREPARED BY (Signature & Title)	DEPARTMENT/SERVICE/CLINIC	DATE
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PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)

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|---|--|
| <input type="checkbox"/> HISTORY/PHYSICAL | <input type="checkbox"/> FLOW CHART |
| <input checked="" type="checkbox"/> OTHER EXAMINATION OR EVALUATION | <input type="checkbox"/> OTHER (Specify) |
| <input type="checkbox"/> DIAGNOSTIC STUDIES | |
| <input type="checkbox"/> TREATMENT | |